

**DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SUPERFUND
VOLUNTARY CLEANUP OVERSIGHT AND ASSISTANCE PROGRAM APPLICATION**



SITE ID NUMBER

(TDSF use only)

SITE NAME AND LOCATION

1. SITE NAME (legal, common or descriptive of site)		2. STREET, ROUTE # or SPECIFIC LOCATION IDENTIFIER	
3. CITY	4. STATE	5. ZIP CODE	6. COUNTY
7. LATITUDE	8. LONGITUDE	9. EPA IDENTIFICATION NUMBER	

INSPECTION INFORMATION

10. DATE OF INSPECTION ____/____/____ (month) (day) (year)	11. SITE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	12. YEARS OF OPERATION ____/____ (beginning year) (ending year)
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CURRENT OWNER / OPERATOR IDENTIFICATION (Attach continuation sheet if needed.)

13. OWNER (as of date of this application)		14. OPERATOR (as of date of this application)			
15. OWNER'S ADDRESS		16. OPERATOR'S ADDRESS			
17. CITY		18. CITY			
19. STATE	20. ZIP CODE	21. TELEPHONE ()	22. STATE	23. ZIP CODE	24. TELEPHONE ()

DESCRIPTION OF SITE'S OPERATIONAL HISTORY (Attach continuation sheet if needed.)

25. DESCRIPTION OF SITE'S OPERATIONAL HISTORY

26. SITE INVESTIGATION (as of date of this application) <input type="checkbox"/> NONE <input type="checkbox"/> ONGOING <input type="checkbox"/> COMPLETE	27. SITE REMEDIATION (as of date of this application) <input type="checkbox"/> NONE <input type="checkbox"/> ONGOING <input type="checkbox"/> COMPLETE
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APPLICANT CONTACT INFORMATION

28. PRIMARY CONTACT FOR SITE	
29. COMPANY / FIRM	
30. ADDRESS	
31. TELEPHONE ()	32. FAX ()

PERMIT / CONDITION AND DESCRIPTIVE INFORMATION

33. IS THE SITE REQUIRED TO BE INVESTIGATED OR REMEDIATED BY ANY TDEC OR EPA LICENSE PERMIT CONDITION, ENFORCEMENT ACTION, COMMISSIONER'S ORDER OR CONDITION OF ANY REGULATION? ☐ YES ☐ NO

34. DOES YOUR FACILITY HAVE NOW OR EVER HAD A TDEC LICENSE, SPECIAL COMPLIANCE PERMIT OR EPA PERMIT, OR OTHER AUTHORIZATION TO OPERATE ? ☐ YES ☐ NO

PERMIT / CONDITION / AUTHORIZATION / LICENSE (If yes to either or both of the above questions, provide information requested. Attach continuation sheet if needed.)

35. TYPE	36. IDENTIFICATION	37. DATE ISSUED	38. EXPIRATION DATE	39. COMMENTS

ENFORCEMENT INFORMATION

40. PAST REGULATORY / ENFORCEMENT ACTION ☐ YES ☐ NO
(If yes, describe below.)

41. DESCRIPTION OF PAST FEDERAL, STATE, LOCAL, REGULATORY / ENFORCEMENT ACTION (Attach continuation sheet if needed.)

STATEMENT OF CERTIFICATION

I, _____, do hereby certify that the information included herein is, to the best of my knowledge and belief,

(print or type name)

accurate and complete; and that the applicant has the necessary funds allocated to undertake the activities to be implemented under the Voluntary Cleanup Oversight and Assistance Program, if approved.

(Signature)

(Date)

UPON COMPLETION OF THIS APPLICATION, PLEASE SUBMIT TO THE ADDRESS BELOW:

TENNESSEE DIVISION OF SUPERFUND
VOLUNTARY CLEANUP OVERSIGHT AND ASSISTANCE PROGRAM
401 CHURCH STREET
4TH FLOOR, L & C ANNEX
NASHVILLE, TN. 37243-1538
(615) 532-0900